

**DECLARATION
AND POWER OF ATTORNEY
U.S.A.**

FOR ATTORNEYS' USE ONLY
ATTORNEYS' DOCKET NO.
P71305US0

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

BOTULINUM TOXIN TREATMENT OF SPASTIC BLADDER

101
102
103
104
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which is described and claimed in: PCT International Application No. **PCT/GB04/004770** filed **November 12, 2004**
 the specification in application Serial No. _____ filed _____

(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

0328060.9
(Number)

United Kingdom
(Country)

4 December 2003
(Day/Month/Year Filed)

Priority Claimed
 Yes No
 Yes No
 Yes No

(Number)

(Country)

(Day/Month/Year Filed)

(Number)

(Country)

(Day/Month/Year Filed)

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Application No.

Filing Date

Application No.

Filing Date

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) (Filing Date) (Status: patented, pending, abandoned)

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| | |
|---|---|
| SEND CORRESPONDENCE TO: CUSTOMER NO. 00136 or JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004 | DIRECT TELEPHONE CALLS TO: (please use Attorney's Docket No.) (202) 638-6666 JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY |
|---|---|

*Inventor(s) name must include at least one unabbreviated first or middle name.

| | | | | |
|-------------------|--|---|---|----------------------------|
| 201 202 203 | FULL NAME * OF INVENTOR DOTT | GIVEN NAME Chris | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP Berkshire | STATE OR FOREIGN COUNTRY United Kingdom | COUNTRY OF CITIZENSHIP United Kingdom | |
| | POST OFFICE ADDRESS Ipsen Limited, 190 Bath Road, Slough | CITY Berkshire | STATE OR COUNTRY United Kingdom | ZIP CODE SL1 3XE |
| | FAMILY NAME BATCHELOR | GIVEN NAME John | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP Berkshire | STATE OR FOREIGN COUNTRY United Kingdom | COUNTRY OF CITIZENSHIP United Kingdom | |
| | POST OFFICE ADDRESS Ipsen Limited, 190 Bath Road, Slough | CITY Berkshire | STATE OR COUNTRY United Kingdom | ZIP CODE SL1 3XE |
| | FAMILY NAME BERNARD D'ARBIGNY | GIVEN NAME Pierre | MIDDLE NAME | |
| | RESIDENCE & CITIZENSHIP Courbevoie | STATE OR FOREIGN COUNTRY France | COUNTRY OF CITIZENSHIP France | |
| | POST OFFICE ADDRESS 25, Rue Victor Hugo | CITY Courbevoie | STATE OR COUNTRY France | ZIP CODE 92400 |

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | |
|----------------------------|---|----------------------------|
| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| DATE | <i>[Signature]</i> 11 - 08 - 06 | DATE |

Additional inventors are named on separately numbered sheets attached hereto.

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the attached specification filed _____

(if applicable) and amended on _____

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I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

032806.9

(Number)

United Kingdom

(Country)

4 December 2003

(Day/Month/Year Filed)

Priority Claimed

| | | | |
|-------------------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|-------------------------------------|-----|--------------------------|----|

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| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
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|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

(Number) (Country) (Day/Month/Year Filed)

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Application No. _____ Filing Date _____ Application No. _____ Filing Date _____

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|---|--|

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|-------------------------|--|---|---|----------------------------|
| 201 | FULL NAME * OF INVENTOR DOTT | FAMILY NAME Chris | GIVEN NAME Chris | MIDDLE NAME |
| RESIDENCE & CITIZENSHIP | CITY Berkshire | STATE OR FOREIGN COUNTRY United Kingdom | COUNTRY OF CITIZENSHIP United Kingdom | |
| POST OFFICE ADDRESS | POST OFFICE ADDRESS Ipsen Limited, 190 Bath Road, Slough | CITY Berkshire | STATE OR COUNTRY United Kingdom | ZIP CODE SL1 3XE |
| 202 | FULL NAME * OF INVENTOR BATCHELOR | FAMILY NAME John | GIVEN NAME John | MIDDLE NAME |
| RESIDENCE & CITIZENSHIP | CITY Berkshire | STATE OR FOREIGN COUNTRY United Kingdom | COUNTRY OF CITIZENSHIP United Kingdom | |
| POST OFFICE ADDRESS | POST OFFICE ADDRESS Ipsen Limited, 190 Bath Road, Slough | CITY Berkshire | STATE OR COUNTRY United Kingdom | ZIP CODE SL1 3XE |
| 203 | FULL NAME * OF INVENTOR BERNARD D'ARBIGNY | FAMILY NAME Pierre | GIVEN NAME Pierre | MIDDLE NAME |
| RESIDENCE & CITIZENSHIP | CITY Courbevoie | STATE OR FOREIGN COUNTRY France | COUNTRY OF CITIZENSHIP France | |
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|---------------------------|----------------------------|----------------------------|
| SIGNATURE OF INVENTOR 201 | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| DATE <i>25 Aug '06</i> | DATE | DATE |

Additional inventors are named on separately numbered sheets attached hereto.

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(Number)

United Kingdom

(Country)

4 December 2003

(Day/Month/Year Filed)

Priority Claimed

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Yes No

Yes No

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| | | | | |
|-----|----------------------------|--|---|--|
| 201 | FULL NAME * OF INVENTOR | FAMILY NAME DOTT | GIVEN NAME Chris | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Berkshire | STATE OR FOREIGN COUNTRY United Kingdom | COUNTRY OF CITIZENSHIP United Kingdom |
| 202 | POST OFFICE ADDRESS | POST OFFICE ADDRESS Ipsen Limited, 190 Bath Road, Slough | CITY Berkshire | STATE OR COUNTRY United Kingdom ZIP CODE SL1 3XE |
| | FULL NAME * OF INVENTOR | FAMILY NAME BATCHELOR | GIVEN NAME John | MIDDLE NAME |
| 203 | RESIDENCE & CITIZENSHIP | CITY Berkshire | STATE OR FOREIGN COUNTRY United Kingdom | COUNTRY OF CITIZENSHIP United Kingdom |
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| 203 | FULL NAME * OF INVENTOR | FAMILY NAME BERNARD D'ARBIGNY | GIVEN NAME Pierre | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY Courbevoie | STATE OR FOREIGN COUNTRY France | COUNTRY OF CITIZENSHIP France |
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| | | |
|----------------------------|----------------------------|---|
| SIGNATURE OF INVENTOR 201* | SIGNATURE OF INVENTOR 202* | SIGNATURE OF INVENTOR 203* |
| DATE | DATE | DATE <i>J.H. Jacobson</i> <i>16 AUG 2006</i> |

Additional inventors are named on separately numbered sheets attached hereto.

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JACOBSON HOLMAN PLLC
ADDITIONAL INVENTORS

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| 204 | FULL NAME * OF INVENTOR | FAMILY NAME CHERIF-CHEIKH | GIVEN NAME Roland | MIDDLE NAME |
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| 205 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |
| 206 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |
| 207 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |
| 208 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |
| 209 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |
| 210 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE OR COUNTRY ZIP CODE |
| 211 | FULL NAME * OF INVENTOR | FAMILY NAME | GIVEN NAME | MIDDLE NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN | COUNTRY OF CITIZENSHIP |
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| | | |
|---|-----------------------------|-----------------------------|
| SIGNATURE OF INVENTOR 204 * | SIGNATURE OF INVENTOR 205 * | SIGNATURE OF INVENTOR 206 * |
|  | | |
| DATE <u>08/28/06</u> | DATE | DATE |
| SIGNATURE OF INVENTOR 207 * | SIGNATURE OF INVENTOR 208 * | SIGNATURE OF INVENTOR 209 * |
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| DATE | DATE | DATE |

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| SIGNATURE OF INVENTOR 210 * | SIGNATURE OF INVENTOR 211 * |
| | |
| DATE | DATE |

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